

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	9					
TOTAL CLAIMS	/ /					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						